

# **YORK COUNTY ARTS COMMISSION**

## **PROJECT GRANT POLICIES**

### **Criteria For Project Grant Funding**

Individuals and organizations are eligible to receive a grant from the York County Arts Commission if:

- \* the organization is not-for-profit and is exempt from Federal income tax under provisions of the Internal Revenue Code;
- \* they produce, present, or support dance, literary arts, media arts, music, theater, museums, visual and related arts;
- \* they perform or offer activities/services in Williamsburg, James City County, or York County, which also serve the citizens of York County;
- \* their performances, projects, or services are accessible to handicapped individuals and the public at large;
- \* their performances, projects, or services which are not held in Williamsburg, James City County, or York County are deemed by the Commission to directly benefit the citizens of York County;
- \* activity will take place during the fiscal year for which the grant is requested.

### **General Consideration**

- \* All funding requests must be submitted on Commission forms. Requests must be made in accordance with Commission deadlines. **Seven** (7) copies of the grant application must be submitted to the Commission. If sending supplemental information (brochures, newspaper articles, etc.), please send only **one** (1) copy of each.
- \* The Commission looks more favorably upon applications which show evidence of financial assistance from sources other than the York County Arts Commission.
- \* Sound management, adequate fiscal responsibility, and the overall quality of proposed projects are major factors in evaluating funding requests.
- \* Projects, performances, and/or services already completed will not be considered for funding.
- \* A signed application form is the applicant's agreement to provide the described service and to comply with the York County Arts Commission Project Grant Policies.
- \* Notification shall be given to the Commission in advance of major changes or

cancellations in activities, personnel, or budget described in the application. The Commission reserves the right to recommend adjustment to grant funding if, in its opinion, these changes so dictate said action.

- \* Support for an organization or project does not imply future Commission support. Applications must be made each year and will be considered in relation to other applications.

### **Reporting Requirements**

- \* The Commission requires completion and return of the final report that is included in the grant application package from each grant recipient by the last Friday in June for the fiscal year in which the grant was received.
- \* Each grant recipient must maintain accurate financial records for any activity supported by Commission funds. The Commission shall have access to these records.

### **Acknowledgment**

- \* In all published material and announcements regarding the particular activity supported, acknowledgment must be made that the activity is partially supported by a grant from York County.

### **Grant Payments**

- \* Grant monies will be awarded with a one-time, lump sum payment. Payment can be expected by the end of August.

**YORK COUNTY ARTS COMMISSION  
PROJECT GRANT**

Deadline for submission: **The first Monday of February. This is not a postmark deadline. One (1) original (with original signature) and six (6) complete copies are to be mailed to York County Arts Commission, Attn: Kristi Olsen, P.O. Box 532, Yorktown, VA 23690.**

**PREVIOUSLY SUBMITTED DOCUMENTATION/MATERIAL THAT HAS NOT CHANGED SINCE LAST SUBMISSION SHOULD NOT BE RESUBMITTED.**

Date of application \_\_\_\_\_ Organization's FY dates \_\_\_\_\_

I. Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Contact person and title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

II. Amount of funding requested \_\_\_\_\_

Amount requested is what percentage of estimated project budget: \_\_\_\_\_

III. Project/Performance Title: \_\_\_\_\_

A. Start and end date of proposed project/performance \_\_\_\_\_

B.. List the goals and objectives of the proposed project/performance.

C. In the space provided below, briefly summarize the grant proposed project/performance.

Limit to 50 words or less.

D. In the space provided, please indicate the appropriate information regarding the proposed project/performance. Performance dates must be scheduled between July 1, 2004–June 30, 2005.

<u>ACTIVITY</u>	<u>DATE</u>	<u>FACILITY</u>	<u>VOL.</u>	<u>HOURS</u>	<u>AUD.SIZE</u>	<u>AUDIENCE BEING SERVED</u> <u>(SRS./MINORITIES/SPECIAL POP.)</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. If you would like these performances to be highlighted on the York County Tourism/Arts

Commission website, please check the appropriate box.

YES \_\_\_\_\_

NO \_\_\_\_\_

If the performance information is not yet complete, you may call Kristi Olsen to have your performance added to the website calendar.

F. Who will be in charge of the artistic direction of each project/performance? List title and principal qualifications. (Previous grant recipients only need to update past resources submitted and/or attach new resumes.)

G. If applicable, give the name(s) of any organization(s), other than the applicant, that will assist in the project/performance. Describe the nature of the assistance.

IV. Is this a new project/performance, one time only or expansion of a project already in existence? Is it a pilot for a future project/performance?

V. How will you modify your plans if you receive partial or no funding rather than full funding? What other funding will you use?

#### **PROJECT GRANT BUDGET AND SUMMARY FINANCIAL STATEMENT**

REVENUE	FY03 ACTUAL	FY04 CURRENT	FY05
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	<u>EXPENDITURES</u>	<u>BUDGET</u>	<u>PROPOSED</u>
RETAINED EARNINGS	_____	_____	_____
CONTRIBUTIONS/GRANTS	_____	_____	_____
EARNED INCOME	_____	_____	_____
FUND RAISING	_____	_____	_____
OTHER _____	_____	_____	_____
_____	_____	_____	_____
<b>TOTALS:</b>	_____	_____	_____

=====			
EXPENSES	<u>FY03 ACTUAL EXPENDITURES</u>	<u>FY04 CURRENT BUDGET</u>	<u>FY05 PROPOSED</u>
ADMINISTRATIVE SALARIES	_____	_____	_____
OTHER ADMIN. COSTS	_____	_____	_____
ARTIST/PERFORMER/ LECTURER FEES	_____	_____	_____
ADVERTISING/ FUND RAISING COSTS	_____	_____	_____
OPERATIONAL EXPENSES	_____	_____	_____
OTHER _____	_____	_____	_____
_____	_____	_____	_____
<b>TOTALS:</b>	_____	_____	_____

=====

NET INCOME DEFICIT \_\_\_\_\_

The undersigned certifies that, to the best of his/her knowledge, the information in this application is

true and correct.

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Attachments:

- \_\_\_\_\_ List of Board members/trustees, including addresses and positions held on the Board.
- \_\_\_\_\_ Copy of Federal tax exemption letter. (If a copy has been submitted to this commission with a prior application, there is no need to resubmit unless tax status has changed in any way.)

**Deadline is the first Monday of February. Applications received after that date will not be considered.**

Submit **seven** copies of the application and attachments to: (**Note:** Only **one** copy of any supplemental materials such as brochures, newspaper articles, etc., should be submitted with application.)

**Mailing Address:**

YORK COUNTY ARTS COMMISSION  
County of York  
P. O. Box 532  
Yorktown, VA 23690

**Street Address:**

YORK COUNTY ARTS COMMISSION  
c/o York County Parks & Recreation  
100 County Drive  
Yorktown, VA 23692

**Contact Info.**

Kristi Olsen  
(757) 890-3525  
olsen@yorkcounty.gov

YORK COUNTY ARTS COMMISSION  
FINAL REPORT

For monies received July 1, 2003 – June 30, 2004

Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Type of grant received: \_\_ Project Grant \_\_ Challenge Grant

Amount of York County grant money received \$ \_\_\_\_\_

Monies received were what percentage of total actual budget? \_\_\_\_\_

Other income sources supporting the project \_\_\_\_\_

The grant fund was spent to accomplish: List Below:

Project/Performance	Date (s)	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approximate number of:

Volunteers \_\_\_\_\_

Participants \_\_\_\_\_,

Audience \_\_\_\_\_

How did these funds benefit the local community?

\_\_\_\_\_  
Signature (President or Treasurer)

**\*DEADLINE FOR THIS FORM TO BE RECEIVED BY THE COMMISSION IS FRIDAY JUNE 25, 2004. FINAL REPORT IS REQUIRED FOR CONSIDERATION FOR FUTURE FUNDING.**

## **YORK COUNTY ARTS COMMISSION**

### **CHALLENGE GRANT**

This challenge grant is intended for those applicants who will share an artistic talent with the York County community.

To be eligible for this grant, you must meet the following criteria:

- \* The total amount requested may not exceed \$500. (Please note, organizations can request amounts less than \$500).
- \* Proof of matching pledge from private sources must accompany this application. Matching funds cannot be from a committee member or anyone from that committee or organization (e.g. board members, spouses, etc.)
- \* Activity must occur within the County of York.
- \* A final report must be submitted to the Commission and received by the last Friday in June for the fiscal year in which the grant was received.
- \* Organizations proposing to use grant money to conduct performances or programs in York County schools must:
  - \* specify where and when activities will be conducted (i.e., school name(s) and approximate date(s)), and
  - \* provide written confirmation from the schools that they are in agreement with these performances or programs as scheduled.
- \* Proof of tax-exempt status shall accompany this application.
- \* All grant recipients must notify the York County Arts Commission at least five days prior to the event.
- \* Activity must take place during the fiscal year for which the grant is required.
- \* Their performances, projects, or services are accessible to handicapped individuals and the public at large.

**Purpose:** The program is designed to provide funding support to eligible organizations to create and present their work, to develop new and innovative programs, and to increase opportunities for visual and performing arts for all York County citizens.

Description: The amount of assistance available for a given project is limited to \$500. Challenge Grant payments can be expected by the end of August.

Eligible activities  
include, but are  
not limited to:

Performers  
Exhibitions  
Film or video production or presentation  
Outreach programs for special audiences  
Readings  
Workshops, seminars, classes, conferences  
Commission or purchase of new works of art for public use  
Other activities to be determined by the Commission

## YORK COUNTY ARTS COMMISSION

### CHALLENGE GRANT APPLICATION

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Date of application \_\_\_\_\_ Organization's FY dates \_\_\_\_\_

Name of Organization \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Contact person and title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Amount of funding requested \_\_\_\_\_

Project/Performance Title: \_\_\_\_\_

Start and end date of proposed project/performance \_\_\_\_\_

List the goals and objectives of the proposed project/performance.

In the space provided below, briefly summarize the grant proposed project/performance.  
Limit to 50 words or less.

If you would like these performances to be highlighted on the York County Tourism/Arts Commission website, please check the appropriate box.

YES \_\_\_\_\_ NO \_\_\_\_\_

If the performance information is not yet complete, you may call Kristi Olsen to have your performance added to the website calendar at any time.

Project Budget

Income	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Total	_____	\$ _____

.....

Expenses	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
TOTAL	_____	\$ _____

B. Net Income (Deficit) \$ \_\_\_\_\_

The undersigned certifies that, to the best of their knowledge, the information in this application is true and correct.

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Attachments:

\_\_\_\_\_ Proof of matching pledge from private sources.

\_\_\_\_\_ Copy of Federal tax exemption letter. (If a copy has been submitted to this commission with a prior application, there is no need to resubmit unless tax status has changed in any way.)

**Deadline is the first Monday of February. Applications received after that date will not be considered.**

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**Street Address:**

YORK COUNTY ARTS COMMISSION  
c/o York County Parks & Recreation  
100 County Drive  
Yorktown, VA 23692

**Contact Info.**

Kristi Olsen  
(757) 890-3525  
olsen@yorkcounty.gov

**YORK COUNTY ARTS COMMISSION**

**FINAL REPORT**

**For monies received July 1, 2003 – June 30, 2004**

Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Type of grant received: \_\_\_\_\_ Project Grant \_\_\_\_\_ Challenge Grant

Amount of York County grant money received \$

Other income sources supporting the project:

The grant fund was spent to accomplish: List Below:

<u>Project/Performance</u>	<u>Date (s)</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____

Approximate number of:

Volunteers \_\_\_\_\_

Participants \_\_\_\_\_

Audience \_\_\_\_\_

How did these funds benefit the local community?

\_\_\_\_\_  
Signature (President or Treasurer)

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